



Plan for a Phased Return to In-Person Learning

March 8, 2021



The health, safety, and wellbeing of our students and staff has been paramount from Day 1 of the pandemic

Since the crisis began, we have:

- Released over 225 pages of guidance on health, safety, and student wellbeing, including updates throughout the school year
- Provided 10 days at the start of the year for staff to train on in-person, hybrid, and remote learning models
- In addition to significant federal and state funding, directly supplied districts with 1.5M masks, over 12,000 air purifiers, \$33M in grants to support the purchase of Chromebooks and wifi hotspots, and \$4M in mental health grants
- Served as a national leader on COVID-19 testing in schools, adopting new testing technologies as soon as they become available (includes mobile response testing, Abbott Binax NOW antigen testing, and pooled testing for students and staff)
 - Approximately 50% of Massachusetts schools now offer weekly pooled testing

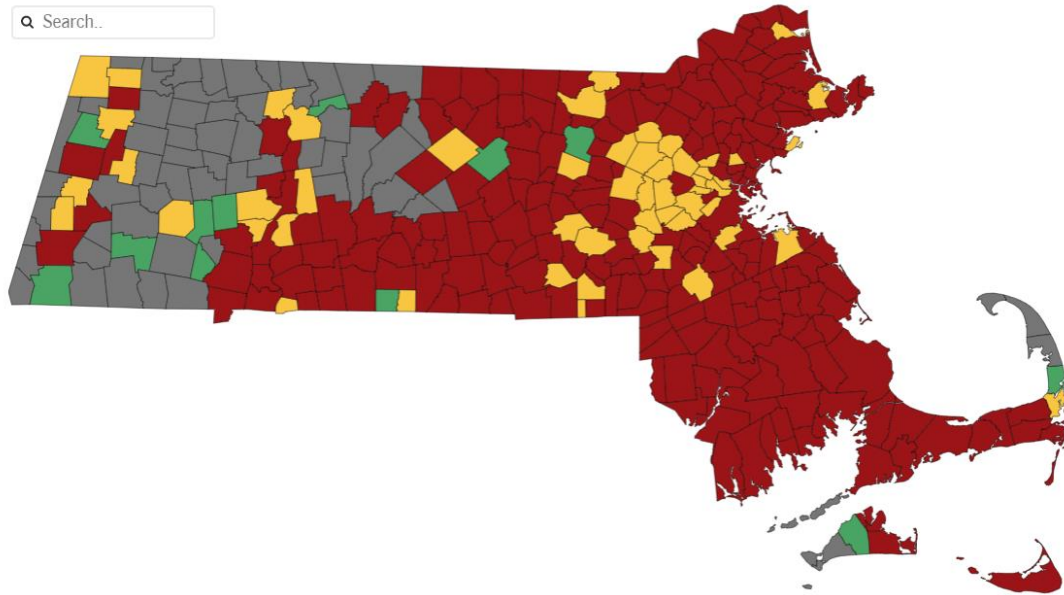
Since January, COVID-19 case rates have improved significantly across the Commonwealth

New cases: Jan. 3 – Jan. 16

Massachusetts town-by-town risk assessment for COVID-19

■ Lowest risk ■ Lower risk ■ Moderate risk ■ High risk

Q Search..

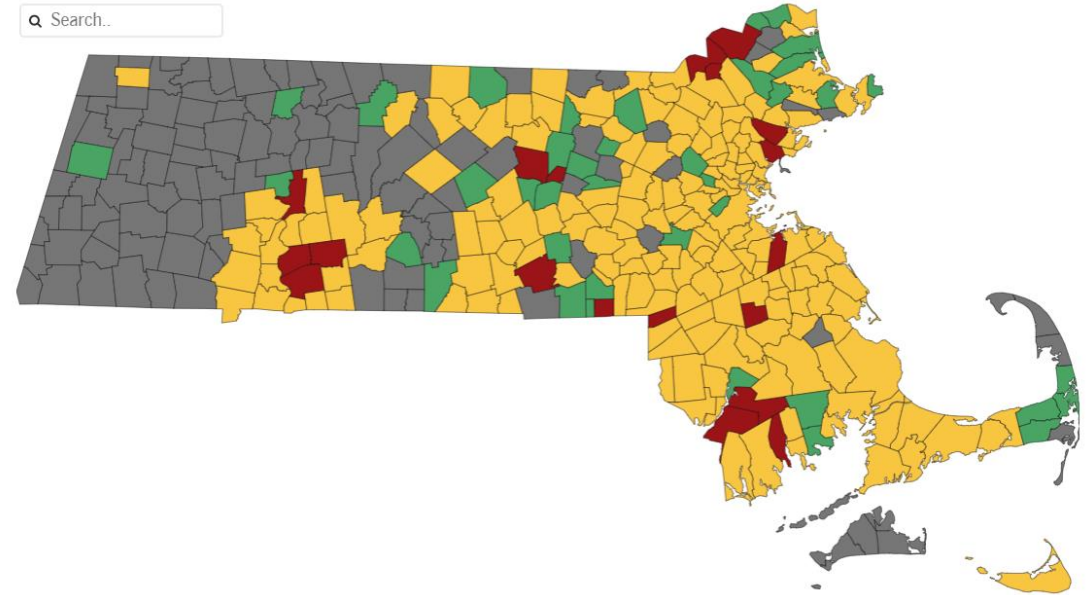


New cases: Feb. 14 – Feb. 27

Massachusetts town-by-town risk assessment for COVID-19

■ Lowest risk ■ Lower risk ■ Moderate risk ■ High risk

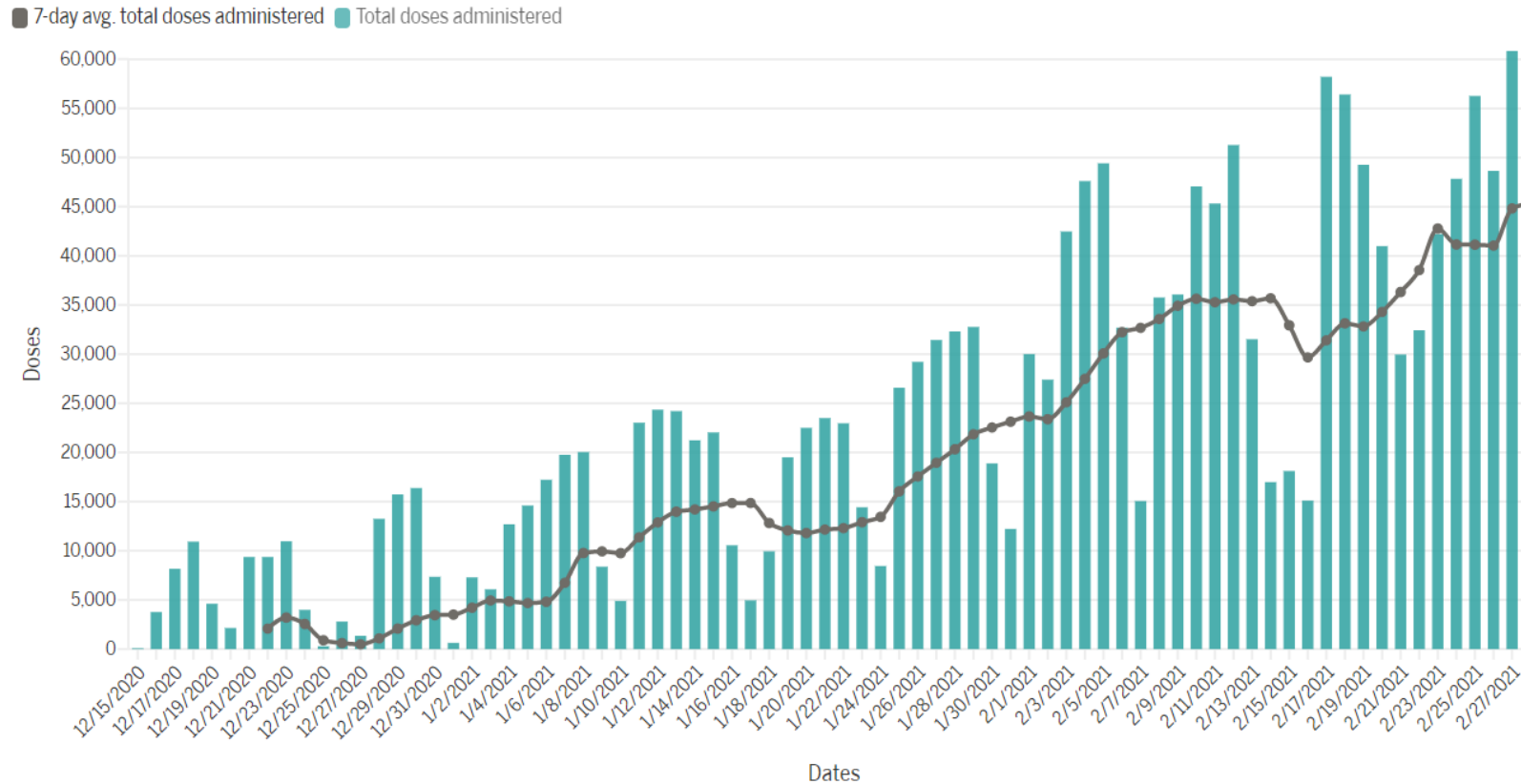
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Source: The Boston Globe; Massachusetts Department of Public Health. Available at:
<https://www.bostonglobe.com/2020/12/04/nation/see-how-massachusetts-covid-19-risk-map-has-evolved-week-by-week/>.
<https://www.bostonglobe.com/2020/12/18/nation/see-which-massachusetts-communities-are-high-risk-covid-19/>

The vaccine rollout is in process: Nearly 2 million doses have been administered and educators will be eligible to book vaccine appointments next week

Daily COVID-19 vaccine doses administered by date



Educators and other K-12 workers are eligible to book vaccine appointments beginning March 11

Source: Daily COVID Vaccine Report: <https://www.mass.gov/info-details/massachusetts-covid-19-vaccination-data-and-updates#daily-covid-19-vaccine-report>. The Boston Globe; MA COVID Command Center. Available at: https://www.bostonglobe.com/nation/special-reports/coronavirus/vaccine/?p1=HP_TrendingBar

Over 300 doctors have signed a letter supporting in-person learning with mitigation measures, including 3 feet of distance between students when masked

EXCERPTS FROM FEBRUARY LETTER (emphasis added)

Dear Commissioner Riley,

We are a group of **infectious diseases physicians, pediatricians, and public health experts** from across the state of Massachusetts. We write to express our concerns with the Return to School guidelines recently released by the CDC on Feb 12, 2021, and to **reinforce our conviction that the guidelines set out by the Department of Elementary and Secondary Education (DESE) in June 2020 are more appropriate to guide Massachusetts....**

Massachusetts has implemented broad, effective mitigation measures in its schools throughout the state.... Many of these recommendations are in full force, which make closer spacing between students when masked (i.e. when not eating) both reasonable, and much needed to increase in-person learning in many current classroom configurations....

Massachusetts private and public schools have opened with as little as 3 feet of distance between students and have proven that with these other mitigation measures, in-school transmission is exceedingly rare. The closer spacing fails when these other mitigation pieces are not in place....

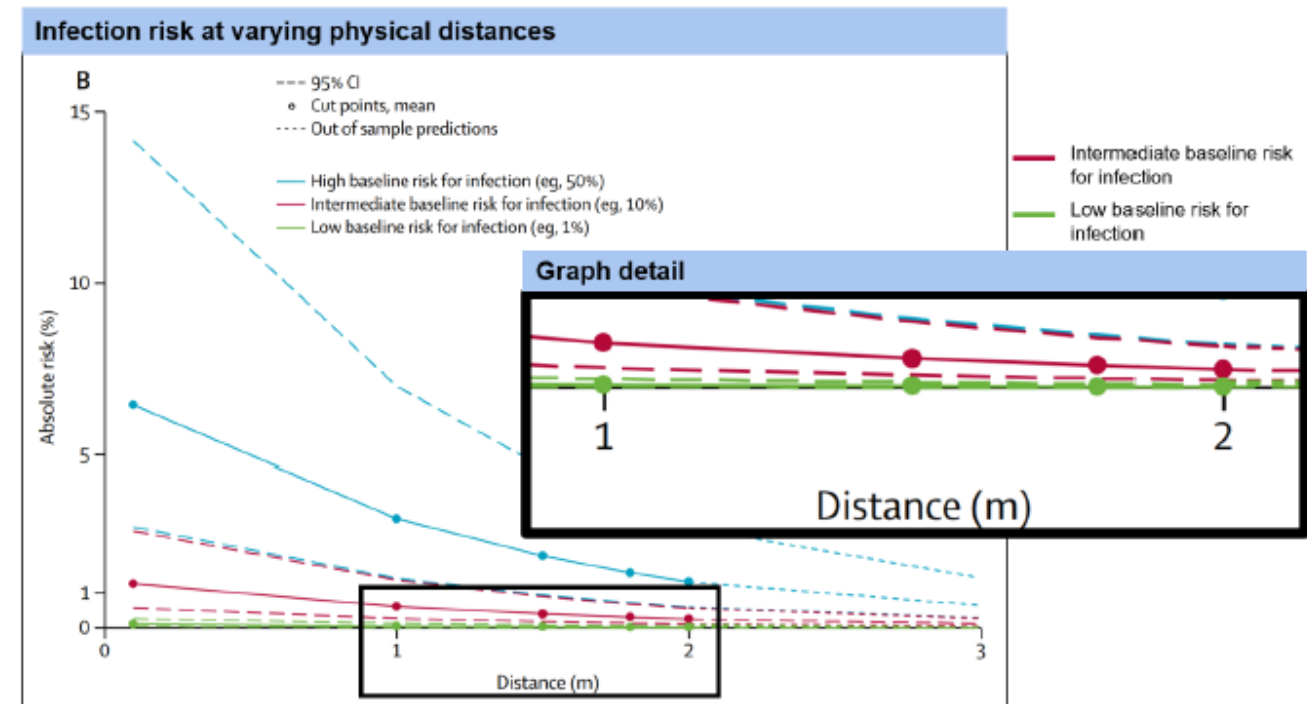
We have also seen that the risks to students of not being in school are dramatic. Students are more isolated learning from home, and consequently suffer more mental health issues, as well as physical health concerns, increased rates of non-accidental trauma, and learning loss. Remote learning is not a reasonable long-term substitute for in person school. **Every effort must be made to return the students of Massachusetts to in-person education in order to combat these other concerns, that are also of public health importance....**

DESE's initial fall guidance referenced a critical study from *The Lancet*, which noted that risk of infection is similar at 1 meter (~ 3 feet) and 2 meters (~6 feet) in low to intermediate risk settings

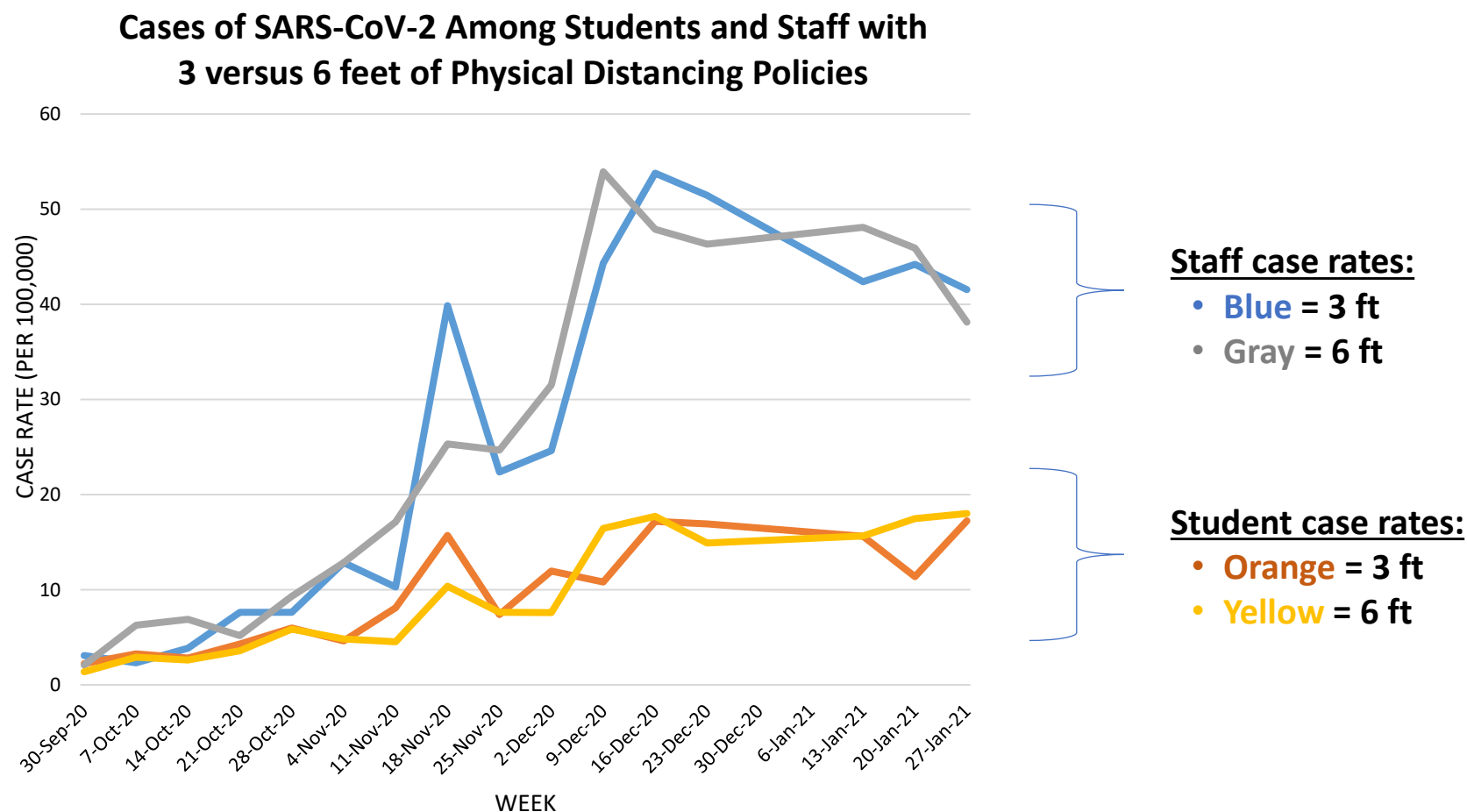
Risk of infection at varying physical distances

Key finding: in intermediate- and low-risk settings, the risk of infection is similar at one meter (approximately three feet) and two meters (approximately six feet) distances. Experts suggest schools would be considered low to intermediate risk, especially with additional protections (e.g., masks), and that the risk of infection in these settings at both one meter and two meters is low.

Note: the risk of infection at various physical distances was modeled based on a meta-analysis of data from a group of coronaviruses (COVID-19, MERS, SARS). These are estimates of the risk by type of setting, not the risk to different types of individuals.



Study of Massachusetts data indicates no substantial difference in cases among students or staff with 3 versus 6 feet of distance since schools re-opened



Source: Polly van den Berg, MD; Elissa M. Schechter-Perkins, MD, MPH; Rebecca S. Jack, MPP; Isabella Epshtein, MPP; Richard Nelson, PhD; Emily Oster, PhD; Westyn Branch-Elliman, MD, MMSc. [SARS-CoV-2 Cases in Students and Staff in Massachusetts with Variable Distancing Policies](#). Infection control plans for Commonwealth school districts with any in person learning were collected, with universal masking for students in grade 3 and higher and universal masking for staff mandatory. 243 districts were included, comprising 520,129 students and 6,227,765 student learning weeks, and 97,679 staff and 1,313,532 staff learning weeks. SARS-CoV-2 cases in students and staff in districts with in-person learning with different distancing policies were compared.

Recommending Board provide the Commissioner with the authority to shift away from remote and hybrid models, and begin a fuller return to in-person learning

Return to full-time, in-person school five days per week would proceed in three phases



Timeline for subsequent phases will be determined in consultation with medical experts and state health officials

Parents will still have a choice for their children to learn remotely through the end of this school year



Districts can apply for waivers to address a limited set of circumstances in which they make a compelling case that they must take an incremental approach

Examples of possible waiver requests:

- **Districts that have been primarily in a fully remote model all year can submit a waiver to take a more incremental approach** (for instance seeking first to return in a hybrid model, before proceeding to full in-person instruction later in this school year).
- **Schools that operate with a grades K-4 configuration, with grade 5 in another school building,** can submit a waiver to delay implementation of full-time, in-person learning for grade 5 until the middle school phase begins.
- **In very limited circumstances, waivers may be considered for operational constraints and feasibility issues,** on a temporary basis.
- Other requests will be considered on a case-by-case basis.

DESE is committed to supporting districts with the transition to in-person learning

Guidance

A guidance document will be released early this week and will include detailed requirements and implementation recommendations for returning to in-person school

Personalized technical support

DESE's COVID-19 operations help center will be available for individual consultations with districts and schools facing challenges with implementation, including optimization of physical space

Staffing supports

Districts can take advantage of several opportunities to hire additional staff to support an in-person return including emergency license opportunities, DCS database partnership for substitutes, and the high school internship program

Funding

Districts have received significant funds to support this work, including \$194.4M in ESSER I and \$740M in ESSER II. These funds follow the Title I formula to support our neediest districts. Additionally, \$182M in School Reopening Grants were issued last year

Looking ahead: Addressing unfinished learning and closing gaps with an equity focus

Spring: Continue to provide supports for mental health, FAFSA completion, and support for seniors who did not meet the Competency Determination requirement

Summer: Stand up robust summer school programming and academic interventions, including:

- Launch a state-wide acceleration academy program with a focus on “gateway grades” in key areas (e.g. early literacy, middle school math), both for this summer and subsequent summers
- Support districts in identifying high-quality programs to serve students in other grades

Fall: Plan for a full return in-person across all grade levels

- Work with districts and schools to ensure a focus on teaching grade level content, with appropriate scaffolds for all learners
- Focus on whole child needs (mental and physical health), in addition to academics

Supporting students with unfinished learning and closing gaps will be an ongoing focus and multi-year effort

Panelists



Dr. Preeti Mehrotra
Infectious Disease Physician
Beth Israel Deaconess Medical Center



Dr. Shira Doron
Infectious Disease Physician
Tufts Medical Center



Dr. Safdar Medina
Director of Pediatrics
Tri-River Family Health Center in Uxbridge